

## I.SUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ems		
O.I.P.E. CLASSIFIER	LP		10/29/98
FORMALITY REVIEW	65918		10-29-98

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Cancelled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	1 2 3 4
16 17 18 19	5 6 7 8
02 03 04 05	9 10 11 12
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37 38 39 40	49 50

Claim	Date
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Claim	Date
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Right Available Copy

If more than 150 claims or 10 actions  
staple additional sheet here

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